

# SUPPLEMENTAL LIFE

County of San Luis Obispo  
Group Number 316407 Account 37

## *Supplemental Life/AD&D Insurance Coverage and Rate Information*

### Program Basics

- In addition to any basic life insurance County of San Luis Obispo provides, eligible employees may elect more coverage by enrolling in a Supplemental Term Life/AD&D Insurance program.
- This Supplemental Life and AD&D insurance is portable. If you change jobs or retire before the age specified in your certificate, you can keep your coverage until age 70.
- Supplemental Life/AD&D Insurance is underwritten by ReliaStar Life Insurance Company

### Coverage Available

#### *For You:*

- **Class 1 - Elected Officials, Department Heads, and General Management Employees:** Apply for Supplemental Life coverage from the choice of 1, 2 or 3 Times Basic Annual Earnings to a maximum of \$300,000.
- **Class 2 – Operations and Staff Management Employees, Confidential Employees, Attorneys, and District Attorney Investigators:** Apply for Supplemental Life coverage from the choice of 1, 2 or 3 Times Basic Annual Earnings to a maximum of \$300,000.
- **Class 3 – Trades, Crafts, and Services Unit Employees:** Apply for Supplemental Life coverage from the choice of \$15,000 or \$50,000 without providing evidence of insurability if You apply within 31 days of first becoming eligible.
- **If you are covered under Class 1 or Class 2, Supplemental Accidental Death & Dismemberment** coverage is also included in an amount equal to your Supplemental Life Insurance coverage.
- **You may elect up to 2 times your basic annual salary or \$250,000** of coverage (rounded to the next higher \$1,000), whichever is less, without providing evidence of insurability if you apply within 31 days of first becoming eligible.
- If you apply for amounts of coverage that are 3 times your basic annual salary, or amounts of coverage that are either greater than 2 times your basic annual salary or \$250,000, evidence of insurability satisfactory to the insurance company must also be provided.
- Your coverage will be adjusted on July 1 of each year to reflect increases in your salary that may have occurred in the previous twelve months.
  - You will not have to provide evidence of insurability if you have coverage that is 1 or 2 times your basic annual salary, and the increased amount of your coverage does not exceed \$250,000.
  - You will have to provide evidence of insurability for any amount of increased coverage if you have coverage that is 3 times your basic annual salary.
- For employees actively at work, benefit amounts reduce to 65% of original coverage at age 65, 50% at age 70.
- Coverage ends at age 70 for terminated employees who have continued their coverage.

#### *For Your Spouse (Classes 1 and 2):*

- If you are covered under Class 1 or Class 2 for Supplemental Life, you may apply for Dependent Spouse Supplemental Life coverage for your spouse. **The amount of spouse coverage can not exceed 50% of the your total amount of employee Supplemental Life Coverage.**
- Apply for Supplemental Life coverage equal to 50% of your Supplemental Life Insurance amount.
- If you are covered for Supplemental Life, you may elect \$20,000 in Dependent Spouse Supplemental Life coverage without providing further evidence of insurability if you apply within 31 days of first becoming eligible.
- Spouse benefit amounts reduce to 65% at age 65, then to 50% at age 70.
- Spouse coverage terminates at age 70.

#### *For Your Dependents (Classes 1 and 2):*

- If you are covered for Supplemental Life, you may apply for Dependent Child Supplemental Life coverage in amount of \$10,000. **The amount of dependent coverage can not exceed 50% of the your total amount of employee Supplemental Life Coverage.**
- If you apply for Dependent Child Supplemental Life when you are first eligible (within 31 days), no evidence of insurability on your children is required.
- This benefit is limited to \$500.00 for children age birth to 6 months

## To Enroll

1. Complete the enclosed enrollment form(s).
2. Return forms to your employee benefits office by the enrollment deadline.
3. For your convenience, premiums will be deducted from your paycheck.

## Rate Information

- The rate is based on your age as of July 1 of the current plan year.
- Employee's age is used to determine Spouse rates.
- Any future rate changes due to age will be effective on July 1 of the next plan year following the date you enter a new age bracket.
- **Classes 1 and 2:** Rates in the Supplemental Life Rate Chart do not include the cost of Supplemental Employee Accidental Death and Dismemberment. Please add \$0.03 per \$1,000 to each life rate.
- Dependent Life monthly unit rate is \$1.90 for \$10,000 of coverage.
- Rates are guaranteed through 6/30/10.

## How To Use This Chart

To determine your monthly premium:

1. Select the total amount of Supplemental Life and Supplemental AD&D coverage you want.
2. Divide by 1,000.
3. Multiply the rate shown on the chart for your age.

### SUPPLEMENTAL LIFE RATE CHART (Monthly Rates Per \$1,000 of Coverage)

Age of Employee	Life Rate/1,000
Under 25	.08
25 – 29	.08
30 – 34	.09
35 – 39	.12
40 – 44	.21
45 – 49	.39
50 – 54	.60
55 – 59	1.01
60 – 64	1.42
65 – 69	2.46
70 – 74	3.68
75 – 79	6.71
80 – 84	10.24
85 – 89	18.73
90 – 94	25.26
95 - Over	55.10

### Example

Ann Smith is 32-years-old, who applies for the Guarantee Issue of 2 times annual salary (She earns \$24,678 per year). Her annual salary rounded up to the next higher \$1,000 equals \$25,000.  
\$25,000 x 2 times = \$50,000. Her elected Guarantee Issue benefit amount is \$50,000 of Supplemental Life and Supplemental AD&D Insurance Coverage.

She follows these steps for Supplemental Life coverage:  
\$50,000 divided by 1,000 = 50  
50 x .09 = \$4.50

She follows these steps for Supplemental AD&D coverage:  
\$50,000 divided by 1,000 = 50  
50 x .03 = \$1.50

**Her monthly premium for \$50,000 of Supplemental Life and Supplemental AD&D coverage is \$6.00.**

*She will follow the same steps for calculating her spouse's supplemental life coverage using her own age band rate.*

*This is a summary of benefits only. A complete description of benefits and limitations will be provided in the certificate of coverage. Policy form number LP00GP or ICP200. Underwritten by ReliaStar Life Insurance Company*